

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

☐ Amended

State of Wisconsin

-VS-

☐ Preliminary ☐ Full**Verification of Eligibility for
Positive Adjustment Time
§973.198**_____, Defendant
Name_____
Date of Birth_____
DOC Number

Case No. _____

Count No. _____

1. Between October 1, 2009 and August 2, 2011 [inclusive of those dates with a maximum of 671 days], the inmate served _____ days in confinement on this count.
2. As of the date of this verification the inmate's term of confinement on this count will be completed on [Date] _____.

Note: An inmate may petition for sentence adjustment only after s/he has served the confinement portion of the sentence less positive adjustment time earned. The petition cannot be filed any sooner than the following number of days prior to completion of the confinement term:

Conviction	Positive Adjustment Time that can be earned	Number of days prior to completion of confinement term that inmate can file petition
Misdemeanor or Class F to I felony that is not a violent offense	1 day for every 2 days served in confinement	Number of days listed in #1 divided by 2
Misdemeanor or Class F to I felony	1 day for every 3 days served in confinement	Number of days listed in #1 divided by 3
Class C to E felony	1 day for every 5.7 days served in confinement	Number of days listed in #1 divided by 5.7

3. The inmate ☐ was ☐ was not convicted of a Class A or B felony on this count.
4. The inmate ☐ is ☐ is not required to register under §301.45, Wis. Stats.
5. The inmate ☐ is not serving and has not served another sentence during the current period of confinement on this count.
☐ is serving or has served another sentence during the current period of confinement on this count.

[All Judgment(s) of Conviction served during the current period of confinement attached.]

6. A summary of the inmate's prison conduct record is attached.

If #1 through #6 above indicates that the inmate may not be eligible for positive adjustment time, then check the "Preliminary" box in the heading and submit this verification without completing #7 through #12, unless otherwise ordered by the court. If not, then check the "Full" box in the heading and complete #7 through #12 below.

7. The inmate ☐ has ☐ has not been convicted or found guilty by reason of mental disease or defect of a sex offense or found to have committed a sex offense in another jurisdiction or been committed under Chapter 975.
8. The inmate ☐ has ☐ has not been determined by the Department of Corrections assessment to pose a high risk of reoffending. [See attachment]
9. The inmate ☐ is ☐ is not the subject of a bulletin issued under §301.46(2m), Wis. Stats.
10. The inmate will serve, is serving, or has served, during the current period of confinement, a sentence for a Class F to Class I felony that is a violent offense, as defined in §301.048(2)(bm)1, Wis. Stats. ☐ Yes ☐ No
[Checking "Yes" excludes the inmate from earning positive adjustment time under the 1 day for every 2 days served category.]
11. The inmate ☐ is ☐ is not serving a sentence for an offense against an elderly or vulnerable person or an offense related to ethical government or school safety.
12. The inmate ☐ is ☐ is not a violent offender under §16.964(12)(a), Wis. Stats.

State of _____
County of _____
Subscribed and sworn to before me on _____

Notary Public/Court Official_____
Name Printed or Typed

My commission/term expires: _____

DISTRIBUTION:

1. Court – Original

(SEAL)

Department of Corrections Representative_____
Name Typed or Printed_____
Date